

Bonhomme, Penny

From: Betty Jane Vitagliano [bjvrdh@charter.net]

Sent: Sunday, March 18, 2012 11:28 AM

To: PHC Testimony

Subject: HB 5541 AAC Services Provided by Dental Professionals and Certification for ADVANCED DENTAL HYGIENE PRACTITIONERS

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March 18, 2012

SUPPORT for HB 5541 An act Concerning services Provided by Dental Professionals and Certification for Advanced Dental Hygiene Practitioners

The Honorable Terry B. Gerratana, Co-Chair; the Honorable Elizabeth B. Ritter, Co-Chair; the Honorable Gayle S. Slossberg, Vice chair; the Honorable Christopher Lyddy, Vice Chair; and members of the Public Health Committee:

I support HB 5541 which will add the Advanced Dental Hygiene Practitioner (ADHP) to the dental team.

- The ADHP will be a midlevel dental provider, just as the Nurse Practitioner (APRN) is in the medical field.
- The ADHP will provide primary and secondary preventive dental services to the underserved in Connecticut.
- The ADHP will increase the care to underserved populations by increasing the capacity of programs to provide preventive and restorative services in a cost effective manner.
- The ADHP will work in collaboration with dentists and other healthcare professionals to deliver services.
- The ADHP will not replace any member of the dental team but will supplement the ability to provide expanded oral healthcare in public health settings.
- The education proposed for the ADHP is a Masters level degree, built on scientific knowledge and evidence based skills founded in prevention.
- The education for each separate competency is comparable to the education and training received in dental school for each competency, and would be more than adequate.
- The proposal provides for competency exams, continuing education and certification; we as RDH's ask for licensure not certification.
- The cost to the state will be insignificant and may actually bring in money, as the fee for ADHP is proposed at an additional \$200 above our \$100 license fee.

- The proposed expanded function dental auxiliary (EFDA) is not based on a licensed provider and cannot work in public health settings without supervision of a dentist. Since there is difficulty in recruiting and retaining dentists to provide restorative services in public health settings, the EFDA may increase efficiency but would not increase access to care.
- There may be room for both the ADHP and EFDA, however, the ADHP will create wider access and utilization for health care.

Respectfully submitted,
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